

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Stuart D. Trachy			
II. Name of lobbyist's partnersh	p, firm or corporation, if an	y:	
(Name of partnership, firm or corporation) Two Eagle Square, Suite 300 Concord		NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603)520-0822 (Telephone)	(603)(Fax)	email strachy@aol.com	
NH Chapter - National Asso	curring in the months prior to	the reporting date relative to the fo	
<u>OR</u>		on the Lobbyist Registration Form	
Reports cover: activity from date October	, 2019 \ of registration to 3/31/19 30, 2019 \ /1/19 to 9/30/19	July 31, 2019 activity from 4/1/19 to 6/30/19 January 29, 2020 activity from 10/1/19 to 12/31/1	9
V. There have been no fees receif this box is checked, complete just Concord, NH 03301.	ved and no reportable trans: I this form and submit it to the	actions made since the last repore Secretary of State's Office, State	t. 🔼 House, Room 204,
If you have paid an hono Expense Reimbursement	s or made expenditures, you mararium or reimbursed expense	nust file Addendum A – Fees and I es, you must file Addendum B – R ntributions, you must file Addend	cport of Honorariums or
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B an the best of my knowledge and beli (Signature of lobbyist) Stuart D. Trachy	d RSA 664 and hereby swear	or affirm that the foregoing inform	nation is true and complete to
(Print Name of lobbyist)			